

## EMPLOYER CHANGE REQUEST

Please type or use black ink and return to the above address. Instructions on reverse side.

Questions? Call 303-318-9100 (Denver-metro area) or 1-800-480-8299 (outside Denver-metro area) or Fax 303-318-9206.

### PART I – EMPLOYER INFORMATION

Owner, Partners, or Corporate Name		Unemployment Account Number	
Trade Name			
Street	City	State	Zip Code

All information in Part I must be completed by the person making the change request.

The form **MUST BE SIGNED IN PART IV**; IF THIS FORM IS NOT SIGNED, IT CANNOT BE PROCESSED.

### PART II—CHANGE OF OWNERSHIP/TERMINATION OF BUSINESS OR EMPLOYMENT

Sole proprietorship or partnership incorporating are considered as new businesses. Change of ownership includes changing 50% or more in a partnership.

NOTE: Do not complete this form if you are only transferring corporate stock.

1. Date of termination or change: \_\_\_\_/\_\_\_\_/\_\_\_\_.      b. Date employer in Part I last paid wages: \_\_\_\_/\_\_\_\_/\_\_\_\_.
2. Did the employer in Part I have seasonal status with the Division? ☐ Yes ☐ No
3. Reason for change or termination:

<input type="checkbox"/> a. Business closed.	<input type="checkbox"/> d. Sale of entire business (All locations).	<input type="checkbox"/> g. Incorporation.
<input type="checkbox"/> b. No paid employees (Include corporate officers).	<input type="checkbox"/> e. Partial sale of business (Contact the Division for information concerning partial transfer of experience rate to the buyer).	<input type="checkbox"/> h. Merger.
<input type="checkbox"/> c. Consider workers to be contract labor.	<input type="checkbox"/> f. ALL employees being reported by employee leasing company or management company.	<input type="checkbox"/> i. Other _____.
4. a. Will the employer in Part I continue to have employees in Colorado? ☐ Yes ☐ No  
b. If boxes d, e, f, g, h, or i are checked, the new employer listed below must complete a Colorado Business Registration (Form CR 100).
  1. Name of new employer \_\_\_\_\_
  2. Trade name of new employer \_\_\_\_\_
  3. Address of new employer \_\_\_\_\_
- c. If partial sale, were any employees transferred from the employer in Part I to the new employer listed above? ☐ Yes ☐ No  
If Yes, 1. How many employees were transferred? \_\_\_\_\_  
2. List the total number of employees in your entire business in each of your four pay periods preceding the date of sale.  
This includes all employees in the portion sold and all employees in the portion retained.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PART III – CHANGE OF NAME OR ADDRESS ONLY (Must also complete Part I with previous address)

If this is a change of address, this change is for: ☐ Physical location address. ☐ Mailing address for ALL tax information.  
☐ Mailing address for ALL benefits information. ☐ Trade name change.

New Partner(s), Corporate Name (If a corporate name change, include a copy of the certificate of amendment)

New Trade Name			
New C/O		Telephone Number	
New Street	City	State	Zip Code

### PART IV – CERTIFICATION OF CHANGE

I certify that I am authorized to make this report and the information is correct.

Signature	Date
Title	Telephone Number

# **INSTRUCTIONS FOR COMPLETION OF THE EMPLOYER CHANGE REQUEST, FORM UITL-2**

## **Requirements for completing the form:**

1. All information in Part I must be completed.
  2. Complete Part II if there is a change in the business ownership or termination of business.
  3. Complete Part III if there is a change in the mailing address.
  4. Part IV must be signed for any change to be made.
- NOTE: If there are distribution points assigned for the business, complete a separate form for each distribution point account number to be changed.

## **Instructions for completing this form:**

### **PART I EMPLOYER INFORMATION**

1. Owner, partners, or corporate name – the entity (owner) name.
2. Account number – the Colorado unemployment insurance tax account number is required.
3. Trade name – the name the business is “doing business as.”
4. Street address, city, state, and zip code – the current mailing address of the business that is on record for Colorado unemployment insurance purposes.

### **PART II CHANGE OF OWNERSHIP/TERMINATION OF BUSINESS OR EMPLOYMENT**

1. The date the business was sold or closed.
2. The date the last wages were paid to any employees by the employer in Part I.
3. Indicate if business in Part I had a seasonal status with the Division.
4. Check the reason  
NOTE: If a change in the interest of a partnership is less than 50%, there will not be an entity change, only a name change (see Part III).
5. Complete for the sale of all or any part of the business, transfer of employees to an employee leasing/management company, incorporation, or merger.
  - Be sure to include the name and address of the new employer.
  - If this is a partial sale of the business, list how many employees were transferred to the new employer.
6. Form UITR-14, Application for Partial Transfer of Experience, must be filed within sixty (60) days after the notice of employer liability from the Division is mailed to the successor employer. A partial transfer of experience will be made if the criteria for a segregable unit is met. (*Colorado Employment Security Act 8-76-104 (5)(g)*)

### **PART III CHANGE OF NAME OR ADDRESS ONLY**

NOTE: To make any address change, all information must be completed in Part I.

1. Mark the appropriate box(es) to change the mailing address for unemployment insurance tax information and/or unemployment benefits information. The address change cannot be made without this information.
2. New, partner(s), or corporate name change – if a partnership, print the names of all partners of the business, not just the changes. If a corporate name change, be sure to include a copy of the Certificate of Amendment from the Secretary of State.
3. Complete if there is a change, addition, or deletion of trade name.
4. Address – include the complete mailing address for the business, not just the change.

### **PART IV CERTIFICATION**

1. Signature – the signature of the person requesting the change to the unemployment insurance account.
2. Title – the title of the person requesting the change to the account; i.e., owner, corporate secretary, employer representative, etc.
3. Phone – the phone number to call if any additional information is required.
4. Date – the date the form is completed.